

The reference Number: UHB 547 Version Number: 1	Date of Next Review: 25/04/2028 Previous Trust/LHB Reference Number:
In-patient Activity Team for Hafan y Coed Operational Guidance	
<p>Introduction and Aim</p> <p>This guidance sets out the role of the Activities Team at Hafan-y-Coed, Adult Mental Health Unit.</p> <p>It describes the team’s aims and philosophy, where the team is based and facilities it has access to and how they are used effectively. The staff establishment and safe staffing levels are outlined.</p> <p>How patients access the team is described, how the Activities Team contributes to the care and recovery of inpatients is explained.</p> <p>How the Activities Team accesses outside agencies and volunteers. How this is achieved is included in the guidance.</p> <p>Methods and standards for training, reporting and governance are included. Links to other relevant texts, policies and procedures have been included.</p>	
<p>Objective</p> <p>The Activities Team are to provide access to quality interventions which improve the quality of hospital experience and contribute to patient recovery.</p> <p>For Staff within the Activities Team to work and to be line managed in accordance with the principles explained within this document.</p> <p>For staff from the Hafan-y-Coed Adult Mental Health Unit to understand the scope and rationale of the Activities Team.</p>	
<p>Supporting Procedures and Written Control Documents</p> <p>Emergency Response Procedure for Hafan y Coed Adult Mental Health Unit. Incident, Hazard and Near Miss Reporting Policy and Procedure. Missing Person Procedure. Operational Procedure for the Multi-Use-Games-Arena (MUGA) in Hafan-y-Coed Adult Mental Health Unit. Statutory/Mandatory Training Policy</p>	
<p>Scope</p> <p>This policy applies to all of staff working within and alongside the Activities Team at Hafan-y-Coed UHL including those with honorary contracts.</p>	
<p>Equality Impact Assessment</p>	<p>An Equality Impact Assessment (EqIA) has not been completed.</p>

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Health Impact Assessment	A Health Impact Assessment (HIA) has not been completed.
Policy Approved by	Controlled Document Oversight Group
Group with authority to approve procedures written to explain how this policy will be implemented	Controlled Document Oversight Group
Accountable Executive or Clinical Board Director	Daniel Crossland
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<u>Disclaimer</u>	
If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate .	

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	25/04/2025	10/02/2026	<i>New document</i>

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Activities Team Operational Policy

PHILOSOPHY

Patients admitted to mental health wards are often in hospital for long periods; during which time it can be difficult to remain engaged in care. Positive relationships with staff and stimulating environments are evidenced to be important factors in improving patient outcomes (Molin et al 2016), (Shepard et al 2008). Boredom has been found to be a problem in environments where

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there are such barriers, the therapeutic relationship between staff and patients has been described as the most important factor for patients when admitted to acute wards (Rose et al 2013). Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.

INTRODUCTION

The In-patient Activities Team are a dedicated group of staff with the aim to provide flexible, recovery focused age appropriate and social inclusive activities to patients currently under the care of Adult Mental Health services in Hafan-Y-Coed. The Activities Team work with individuals and groups in dedicated activities rooms with in Hafan-Y-Coed in addition there is opportunities to have activities based within the community. Meaningful and cultural appropriate activities should include creative and leisure activities, exercise, self-care and community access activities (where and when appropriate). Activities should be facilitated by appropriate trained health or social care professionals (NICE 2011).

WHAT THE SERVICE AIMS TO ACHIEVE.

The Activities Team aim to provide low level, age appropriate, and recovery focussed inclusive activities for inpatients currently admitted to Hafan-Y-Coed, patients that are experiencing mental health difficulties which are impacting on their everyday abilities including socially engaging with others. The Activities Team currently work alongside the 3 Locality wards (Oak, Willow, Beech) the male low secure ward (Maple), Crisis Assessment ward (Cedar), rehabilitation (Meadow & Daffodil). There is also opportunity for Addiction services (Pine) and Neuropsychiatry (Ash) to access our team and engage with specific activities, in this case and due to their own structured day timetable, we would discuss with the ward staff member of appropriate arrangement and suitability. Those

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wishing to access the Activities Team outside of the Adult Acute/Low secure directorates will have access to the team depending on Activities Team staff ability to provide the services safely and appropriately. The overall achievement for the Activities Team is to ensure that Activities are inclusive, achievable, fun and of the benefit for the patient. It is a service that is available for all inpatients currently in Hafan-y-Coed but it is important that each patient wishing to engage is suitably assessed for the environment and group that is being planned. The Activities Team acknowledge that it is important to work collaboratively with the ward team, wider Multi-Disciplinary Team (MDT) and patients to achieve the full benefit from our service.

Our aim is to provide Activities that are both planned and adhoc away from the busy environment of the ward, however it is important to consider those who are not able to attend planned activities off the ward and to ensure inclusion is considered by working with the ward and the patient to achieve the goal of activities off the ward. Objectives are for the Activities Team to provide access to quality interventions which improve the quality of hospital experiences and contribute to patient recovery, for the staff within Activities Team to work and be managed in accordance with the principles explained within this document, for staff from Hafan-Y-Coed Adult Mental Health Unit to understand the scope and rationale of the Activities Nursing Team.

STAFF and HOURS OF WORKING.

The Activities team currently consists of a Team Manager (band 6) who is a registered mental health professional and 6/7 Activities Health Care Support Workers (band 3), all staff have worked with in mental health services and have a number of years' experience of managing the needs and support for those in our care who are experiencing enduring mental health conditions. Members of staff are required to work 4 shifts out of 7 with the hours of work being 9am-7pm outside of "normal office hours" and working weekends to maximise the reach of the team, paying attention to times when patients are less occupied by ward routine, medical interventions review and general nursing process. Having access to the Activities Team at a time when the ward staff are less able to

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focus on engaging patients has been described as a positive factor in creating good engagement and understanding between health care staff and patients (Molin et al 2016).

Activities Team are available early evening and on weekends when regular hospital routine has substantial periods of time where patients are not required to remain on the ward for interventions such as medication and ward round reviews etc, this approach is consistent in trying to promote positive patient experiences when admitted to the wards.

Volunteer workers are utilised within the Activities Team, volunteers will accompany the Activities Team member and aid the delivery of activities both within Hafan-Y-Coed and community-based activities, volunteers will not be placed in a position of responsibility so therefore will be accompanying and not escorting the patients alone and are not included in staffing numbers. Activities Team may also access outside agencies to deliver specific activities; in these cases, the same precautions would apply and both outside agencies and volunteers will always be supervised by a member of the Activities Team.

During any given shift there should be at least 2 members of the Activities Team available to deliver activities within designated rooms utilised by the team, community activities would require at least 2 staff members for small groups of patients. There are opportunities of 1-1 time with specific activities staff members following review and assessment of all current risks and mental health wellbeing. With good management of off-duty there should be enough staff to maintain a 7-day service throughout the day, the early evenings and weekends, any deviance from this would be communicated to the wards by Activities Team who would consider alternative arrangements.

PHYSICAL ENVIROMENT.

Within the Therapies Hub of Hafan-Y-Coed there are several dedicated rooms set aside for use by patients which are overseen by the Activities Team:

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- **Cwtch** (which is a large central room which offers a base for groups to be held and a place for patients to gather away from busy ward environment)
- **Holistic Room** (complementary therapy sessions supported by Cardiff Met, term time only)
- **Library/Reflection room** (next to the Cwtch)
- **MUGA** (Multi Use Games Arena which is outside)

REFERRALS

There is no referral pathway to access the Activities Team. There is however a duty of care placed upon both the Activities staff and ward staff to ensure activities offered have been discussed and proper attention is paid to potential risks when balanced with the benefits of proposed activity. Each patient wishing to access the service provided by the team should be discussed with the Nursing staff in charge of their care, the onus is placed on the Activity staff member to discuss the patient's presentation and potential risks when planning an activity prior to beginning. The patients WARRN risk assessment, risk formulation and other specialist assessments such as HRC20 should be considered in conjunction with activity being provided and the environment which it is taking place.

Patient's Mental Health Act Status and leave arrangements/limitations regarding escorted/unescorted leave and geographical limits are to be clarified before an activity. Voluntary patients access the team should also be subject to the same considerations as part of the risk assessment and suitability.

It is imperative that the Activities staff are aware of any relevant clinical information and any changes to previous engagement before they take responsibility for the patients, this will be the responsibility of the ward staff to provide this information at time of communication via telephone call or face to face contact. Following this discussion, the Activity staff will take responsibility of the patient during the activity and until returned to the ward or handed over to ward staff.

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ACCEPTANCE CRITERIA

The acceptance criteria are met when relevant risks are known and positive factors of the activity are understood, for specific activities such as a planned gym session, Activity staff allocated for this activity should conduct a screening exercise which is consistent with requirements of the physiotherapy department. This allows for the use of facilities normally outside of the control of the Activities Team and ensure that common referral processes are in place. The benefits will ensure duplicate assessments and ensure the Activities staff member using approved screening tool for the proposed activity responsibility and accountability.

Activities staff should use the information and processes of the other members of the MDT where they are better placed to provide such. When agreeing activities with patients it is important to note that inclusion will be maximised when the Activity Team and the wider MDT make decisions considering the patients current level of functioning and ability not only to complete the activity but also the positive benefits intended.

EXCLUSION CRITERIA

Excluding patients from utilising the Activities Team outright should **NOT** be considered. The Cwtch is also not a closed-door environment, please discuss with consultant if leave is granted for accessing the Cwtch. However, there may be some circumstances after review of all information available, expressed concerns, current presentation and risks where limiting access to the groups being run may not be appropriate. In this case alternatives should be pursued so that the patient can remain engaged and included with in the team until a time that risks and concerns are reduced and appropriate to fully engage. Therefore, close consideration is made for those individuals who are being nursed on Close or Intermittent observations. It is important that any staff member contacting the Activities Team for a patient to access activities sessions have considered that if the service user is on:

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Close Observations: -

- Ward staff are to inform the Activities staff the reason and nature of the Close observations to allow the staff to make safe appropriate decisions.
- If it is felt appropriate for the patient to attend the Cwtch the 1-1 staff member will be required to always stay and remain with the patient.
- If it is felt not appropriate at that time by Activities Team, they will offer to provide safe items for the patient to use while on 1-1 with staff on the ward, or alternative time arranged with the Activities Team to pop to the ward.

Intermittent Observations:

- Ward staff are to provide relevant up to date information to the Activities Team when asked, this includes reason for intermittent observations (E.G aggression, violence, sexual inappropriateness, risk to others, active self-harm, active risk of absconding) & leave status and patient mix.
- If felt appropriate following the discussion between Ward and Activities Team, it might require ward staff to remain with the patient whilst at the Cwtch. On occasions it could be for a short period of assessment to see how things are.
- Please note that there needs to be 2 Activities Team staff members remaining in the Cwtch at all times, due to this we may not be able to escort patients back and forth. Wards are to ensure that they would be able to accommodate this when making the initial call.
- It might be more appropriate that we offer time specific Activities which would be planned with the ward staff & Activities Team.

In all cases, please make sure that the ward Staff inform the Activities Team of **Leave, observations, current risk and any new relevant information, including patient conflict.**

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There may be times and situations where there has been conflict between patients prior to the Activity Team engaging, therefore it is imperative that good communication between the Activity Team and the ward staff is vital, by doing this at this stage could reduce any conflict or situations later on in the group or activity session, in these situations the Activities Team should make every effort to adapt the session or approach to avoid unintentional exclusion of patient participation.

LINKS WITH WARDS AND THE WIDER MDT

The Activity Team aim to cultivate good relationships with the wider MDT as part of ensuring the best possible delivery of activities and to aid other disciplines such as Occupational Therapy and Physiotherapy, by linking with other disciplines it is envisaged that resources are maximised.

It is important for the Activity Team to link in with the wards for the safety and success of the intervention or activity offered; by attending them on a regular basis it improves communication and relationships within the teams, both staff and patients should be involved in any discussions that take part.

A visual display of the Activities Team timetable along with new and planned events are provided to each ward and will be updated when required by the Activities Team, the intention of this is to provide the most up to date information about the activities available. It is to be noted that although every effort is made to fulfil the planned timetable there will be occasions that this will not be achievable or completed and in this instance the Activities Team will convey any changes to the wards and in most cases, alternative will be offered.

COMMUNICATION AND REPORTING

When an activity has been completed or engagement ends and the patient's care has been handed back to the ward, PARIS notes are to be updated by the Activities staff member, notifications via PARIS are to be used to alert staff of any occurrences/incidents where necessary.

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Activities staff members will be required to additionally report incidents verbally during the handover of the patient back to the ward, completion of DATIX is required. Any reported DATIX will be subsequently reviewed by Activities Team Manager or Senior Nurse Manager and processed as per DATIX and incident, Hazard and near Miss Reporting Policy and Procedure. This may require passing on to management of incidents to other DATIX users.

Should an emergency occur the Activity Staff are required to follow the emergency response procedure for Hafan-y-Coed, all Activities staff members carry “Pinpoint” devices which should be operated in cases of emergency, including where patients attempt to leave without the appropriate leave when with the Activities Team. The Activity staff member in charge of the patient’s wellbeing at the onset of the incident will remain in charge of the patient until the responses team arrive, and the shift co-ordinator is able to take over charge or allocate a suitable person to take charge of the situation.

STAFF TRAINING/LOCAL STAFF INDUCTION

Mandatory training is required of the staff and should be completed within the set timescale determined by the UHB. SIMA training is required. Further training needs are identified during annual Value Based Appraisals (VBA), where suitable goals and plans can be discussed and achieved. All staff are subject to the UHB induction procedure. The local induction checklist should be followed and completed prior to staff undertaking clinical duties.

Staff supervision is an important part of the team’s development and quality assurance process; staff are offered informal managerial supervision on a regular basis and changes to this are to be made mutually between the team manager and the staff member and documented in supervision file.

Volunteers are utilised by the Activities Team to help deliver activities which require certain skill or ability. Suitable candidates are identified by the UHB’s volunteer Co-ordinator, arrangements are then made by the Activities Team Manager, volunteer co-ordinator and individual volunteer to ensure and arrange times of availability. Volunteers are provided with orientation to Hafan-Y-Coed

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and an induction consistent with the volunteering Policy. Supervision is carried regularly within the Activities department and volunteer coordinator.

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